banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices.'' Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 1, 1995.

A. Federal Reserve Bank of New York, (William L. Rutledge, Senior Vice President) 33 Liberty Street, New York, New York 10045:

1. Swiss Bank Corporation, New York, New York; to acquire SBC Capital Markets Inc., New York, New York, and thereby indirectly acquire Government Pricing Information System, Inc., New York, New York, and thereby engage in data processing activities, pursuant to § 225.25(5)(7) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, May 12, 1995.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 95–12215 Filed 5–17–95; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 565]

Health Services Research in Occupational Safety and Health; Availability of Funds for Fiscal Year 1995

Introduction

The Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH), announces the availability of fiscal year (FY) 1995 funds for research projects relating to health services research in the field of occupational safety and health.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2000,'' a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of ''Healthy People 2000,'' see section ''Where to Obtain Additional Information.'')

Authority

This program is authorized under the Occupational Safety and Health Act of 1970, section 20(a) [29 U.S.C. 669(a)] and section 22(e)(7) (29 U.S.C. 671(e)(7)).

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Pub. L. 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants include domestic and foreign non-profit and for-profit organizations, universities, colleges, research institutions, and other public and private organizations, including State and local governments and small, minority and/or woman-owned businesses.

Availability of Funds

Approximately $1,000,000 is available in FY 1995 to fund approximately five research project grants. It is expected that the average award will be $200,000, ranging from $150,000 to $250,000 in total costs (direct and indirect costs per year). It is expected that the awards will begin on or about September 1, 1995, and will be made for a 12-month budget period within a project period of up to 3 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Purpose

The purpose of this grant program is twofold. One major purpose is to rationally develop an estimated range of total costs and distribution for the national burden of occupational injuries and illnesses by comprehensively applying existing information (See Program Interests A.1., below). The other major purpose is to conduct more focused research into the systems that prevent, manage, and compensate occupational injuries and illnesses, with particular focus on the experience of the injured worker as he/she comes into contact with components of these systems (See Program Interests 2. to 5., below). It is the intent of this program to support broad research endeavors which will lead to improved understanding and appreciation of the magnitude of the aggregate national economic burden associated with occupational injuries and illnesses, as well as to support more focused research projects which will lead to improvements in the delivery of occupational safety and health services and the prevention of work-related injury and illness. Research funded will examine and evaluate quality, outcome and costs of services provided in a variety of settings for healthy and injured workers.

This is the first Request for Assistance (RFA) that NIOSH has issued in the area of Health Services Research. The agency's intention in defining the RFA's objectives broadly is to encourage proposals from applicants with a broad range of research backgrounds, methodological approaches, and institutional affiliations to apply their skills to health services research in occupational health, and to enter into collaborative agreements, and with unions, employers, providers, insurance carriers and other relevant institutions and organizations. NIOSH encourages efforts in which researchers work closely with employers, worker representatives, and relevant government agencies; collaboration with any or all may assist researchers in obtaining access to data, and will increase the likelihood that results of the study will be usable and used by the

parties involved. NIOSH also recognizes, however, that in many situations collaboration may not be possible or advantageous.

Program Interests

a. Content Areas

1. The magnitude and distribution of national costs of occupational injury and illness. The economic and social costs of work-related injury and illness in the United States have not been adequately described or studied. There is programmatic interest in investigations into developing defensible estimates for the national economic burden of occupational injuries and illnesses, as well as into the cost of failure to prevent occupational injury and illness in general, as well as in specific industries and of specific conditions. There is particular interest in developing and applying models to estimate the distribution of these costs.

In most cases involving medical care or lost wages, workers with occupational injuries are entitled to workers compensation benefits. However, little is known of the costs (personal and social, economic and non-economic) of workplace injury and illness cases that do not enter the workers compensation system, or are incompletely compensated by that system. Further study is needed to quantify these costs, and to determine how much, if any, of these costs are borne by injured workers, employers, Federal agencies, State and local government and private philanthropy.

Little is known about the social and economic consequences of being diagnosed with occupational injury or illness. Are workers with occupational conditions discriminated against or likely to suffer from job loss as a result of their condition? Are they at a disadvantage in the job market? Does being labeled with an occupational condition impact their attitude toward their job or their utilization of the health care system?

2. The prevention and treatment of work-related injury and illness through the delivery of occupational medical services Given the number and costs of these conditions, relatively little is known about the system for delivering medical treatment for these conditions. For both emergency and non-emergency services, there is only limited information on the extent, quality, outcome and costs of services provided by employer-based employee health services, private physicians, independent occupational health clinics, and hospital emergency departments. There is programmatic interest in examining the types, activities, and availability of occupational medicine service providers, and their use by employers of differing sizes and in various industries, including groups of workers who are underserved and in need of occupational health and safety.

Ideally, occupational medical services provide more than the treatment of work-related conditions, but are an integral part of the primary and secondary prevention of occupational injury and illness. It is of interest to examine the involvement and effectiveness of different types of providers of occupational medical services (e.g. in-plant medical departments, urgent care centers, local hospitals and group health plans, independent occupational health clinics) in primary prevention activities and how medical providers interact with other occupational safety and health professionals. Similarly, the role and effectiveness of payers for occupational medical services (employers and workers compensation insurance carriers) in encouraging or discouraging injury and illness prevention is of interest.

An alternative model for the provision of occupational health services to groups of employers in the same industry or region is through managed care organizations funded by capitated payments. These provider groups may be linked to employer-based coverage for non-occupational health conditions (sometimes referred to as 24 hour coverage), or may be focused solely on occupational health concerns. There is programmatic interest in examining and evaluating capitated models for the delivery of occupational health services.

3. The experience of the injured worker in the workers compensation system. There are few studies on the quality, cost, access and outcome of the care received by those workers who successfully enter the compensation system. How successful is the system in meeting its goals? Are the financial benefits provided adequate to replace lost earnings and compensate for work-related disability? Are the medical care services provided claimants appropriate and accessible? (For additional background on these and related questions, see: Shor, GM. ''Research and Evaluation in Workers Compensation: An Assessment and An Agenda.'' *Workers' Compensation Monitor.* 1994,7:18- 24.)

The factors that are associated with a case being recognized as work-related and entering the compensation system are not well understood. In particular, additional information is needed on the incentives of the various actors in the interface of medicine and the workplace (e.g. workers and their families, employers, corporate physicians, personal physicians, group health plans and insurance carriers, attorneys) that encourage or discourage an injured worker from receiving workers compensation benefits. Are there groups of workers (defined by health status, age, gender, occupation, skill, language, legal status or other characteristic) who are more or less likely to enter the workers compensation system, and should additional efforts be made to inform groups of injured workers about their rights to compensation?

In an increasing number of States, employers are permitted to select the injured worker's medical care provider. There have been few studies comparing the experience of injured workers in employer-choice States with those of workers in employee-choice States. How do quality, outcome and costs differ in these States? Are there some subsets of workers (defined by health status, wages, skill or other characteristic) who are better served by one approach or the other?

The number and proportion of work injuries treated under workers compensation managed care is rapidly increasing, but there is virtually no published literature evaluating workers compensation managed care programs. How does managed care in workers compensation compare with fee-for-service provision of care, in terms of quality, outcome and cost? How do differences in managed care organization structure and practices impact quality, outcome and cost? How has the trend toward managed care for non-work-related conditions affected the recognition and treatment of work-related conditions. Does workers compensation managed care generate ethical dilemmas for providers, and if so, how can they be resolved?

It has been suggested that integrating or merging the systems to provide medical services for work-related and non-work-related conditions will result in cost savings, although this has been the subject of some debate. In addition, it is not known how these changes might impact workplace-based prevention of occupational injury and illness, since in theory, the experience rating component of workers compensation premiums provides a market-based incentive to prevent injury and illness (although there is also debate over its actual effectiveness). It is of programmatic interest to examine the effects of (1) integration or merger of these medical care delivery systems; and (2) uncoupling of workers

compensation medical benefits from experience rating. Of interest are the impact of these policies on the quality, outcome and cost of care, on indemnity benefits, and on the primary prevention of occupational conditions.

Finally, while it is frequently alleged that fraud is relatively widespread within the workers compensation system, there are few if any studies that address this issue in a rigorous manner. The extent of fraudulent claims and practices is unknown, as are the costs of these activities to workers, employers and the compensation system. Accurate, rigorously-gathered information on the magnitude, costs, and characteristics of workers compensation fraud on the part of claimants, employers, health care providers and carriers are needed in order to better design and target fraud reduction programs.

4. *Development and evaluation of treatment guidelines.* Outcome of treatment of occupational injury and illness, whether or not it is paid for by the workers compensation system, may be measured differently than treatment outcome of non-work-related conditions. In addition to physiological outcome, or outcome as it relates to health status, management and treatment of occupational conditions must consider the impact of the condition and treatment on the worker's post-injury wages and ability of the worker to use their valued skills and knowledge.

Since workers with occupational injury or illness may be index cases for more widespread or prevalent conditions, treatment guidelines should include a primary prevention component. This may involve the provider having contact with the employer, union, or other workers at the workplace from which the index case emerged, and should therefore take into consideration issues of confidentiality and potential discrimination. In developing these guidelines, it is also necessary to address issues of worker education, how information about the nature, prognosis and prevention of the condition is transmitted to the worker.

In the development and evaluation of guidelines for treatment of work-related conditions, consideration should be given to economic and social outcomes in addition to physiologic outcome. To develop and evaluate these guidelines, it may be necessary to consider various ways to conceptualize and measure ''return-to-work,'' beyond merely the end of the period in which an injured worker is not working, and possibly to develop new measures or indices for describing the long-term experience of the injured worker.

5. *Workplace based injury and illness prevention.* Workplace health and safety committees are widely seen as playing an important role in preventing occupational injury and illness. In recent years, several States have enacted legislation mandating these committees. Additional data are needed to evaluate the acceptance of these committees by employers, unions, workers and others; and their functioning and effectiveness. Are they successful in reducing workplace hazards, and, if so, what characteristics contribute to their ability to do so? How successful are other state-mandated hazard prevention programs?

Surveillance programs for injury and illness are widely used as part of larger work related injury and illness prevention programs. There are insufficient data on the effectiveness of these programs, and on the factors that increase these programs' likelihood of success.

Many workers compensation carriers, often through loss-control units, offer hazard prevention consulting services to employers. There is interest in examining the experience of these carriers. In particular, have these programs been evaluated to measure their effectiveness in preventing work-related injury and illness? If so, are there lessons to be drawn for injury and illness prevention in general?

Cost-benefit and cost-effectiveness studies are needed to assess occupational health programs at all levels from direct interventions in the workplace to comprehensive national programs. Such studies should include measuring the impact and costs of Federal or State regulation of workplace hazards. While many economic analyses have been done to project the costs of proposed standards, the actual economic and social impact of regulations that have gone into effect is rarely measured and deserving of study.

B. Methodological Approaches

The purpose of this RFA is to encourage submission of proposals that address some of the questions raised above. Since these questions lend themselves to a variety of quantitative and qualitative methodological approaches, NIOSH encourages applications from researchers in a range of academic disciplines. For example, the development of a comprehensive and defensible estimated range of the national economic burden of occupational injuries and illnesses may involve expertise representing a variety of fields (e.g., health economics, sociology, epidemiology, safety specialists and occupational medicine.) Also, the experience of injured workers in the workers compensation system could be examined quantitatively, using traditional economic or epidemiologic approaches, or could be examined qualitatively, employing techniques generally used by anthropologists or some sociologists. Multi-disciplinary approaches applied to the same issue are encouraged.

NIOSH envisions that some researchers may propose case studies, examining the experience of workers in one industry or workplace, or with a particular work-related condition, while others will propose studies analyzing large sets of data previously collected by compensation systems or carriers, or health insurers. Economic studies might be undertaken of costs of work-related injury, or of regulation, in one industry. In areas where adequate research has already been undertaken, programs that demonstrate the utility of new approaches to injury and illness prevention may be considered.

In many of the areas described, the foundation for analytical research may not exist, and it may be appropriate for researchers to apply for preliminary or descriptive studies that will generate hypotheses for future endeavors. For example, it may be difficult to identify populations of workers with occupational injury or illness who do not enter the workers compensation system. An applicant might propose a preliminary study to determine the number and characteristics of workers who may be work-injured but never applied for compensation by examining one or more provider-based data systems, or by surveying the memberships of one or more community-based organizations.

Research and evaluation methods in occupational health services may also need additional development. An applicant might propose to develop and test a series of quality indicators to be employed in evaluating occupational health services.

Applicants may apply for seed money to develop study protocols and the methodology for future scientific studies to address those questions for which rigorous investigation are needed but that are not easily accomplished. For example, although the application of managed care to workers compensation medical services has undergone a dramatic expansion, few scientific investigations have been conducted on the extent and impact of this growth. A descriptive approach that generates hypotheses might be warranted before proceeding to analytical and evaluation studies.

As noted above, it is an objective of this program to encourage scientists to

apply their skills to health services research in occupational health, and to enter with collaborative agreements with each other, and ''stakeholder'' institutions and organizations. In particular, NIOSH encourages efforts in which researchers work closely with employers, unions, and relevant government agencies in order to assist researchers in obtaining access to data, and to increase the likelihood that study results will be usable and used by the parties involved.

Inclusion of Minorities and Women in Study Population

Applicants are required to give added attention (where feasible and appropriate) to the inclusion of minorities and/or women study populations for research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and its impact on disease, and appropriate interventions for disease prevention and health promotion. Exceptions would be studies of diseases which exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. If minorities and/or women are not included in a given study, a clear rationale for their exclusion must be provided.

Evaluation Criteria

1. General

Upon receipt, applications will be reviewed for completeness and responsiveness by CDC/NIOSH. Incomplete applications will be returned to the applicant without further consideration. If CDC/NIOSH staff finds that the application is not responsive to this announcement, it will be returned without further consideration. If the proposed project involves organizations or persons other than those affiliated with the applicant organization, letters of support and/or cooperation must be included.

2. Peer Review

Applications that are complete and responsive to the announcement will be evaluated for scientific and technical merit by an appropriate peer review group convened by the CDC in accordance with the review criteria stated below. As part of the initial merit review, a process (triage) may be used by the initial review group in which applications will be determined to be competitive or non-competitive based on their scientific merit relative to other applications received in response to this announcement. Applications judged to be competitive will be discussed and be assigned a priority score. Applications determined to be non-competitive will be withdrawn from further consideration and the principal investigator/program director and the official signing for the applicant organization will be promptly notified.

Review criteria for this announcement are as follows:

a. Scientific, technical, or medical significance and originality of proposed research;
b. Appropriateness and adequacy of the experimental approach and methodology proposed to carry out the research;
c. Qualifications and research experience of the Principal Investigator and staff, particularly but not exclusively in the area of the proposed research;
d. Availability of resources necessary to perform the research;
e. Adequacy of plans to include both genders and minorities and their subgroups as appropriate for the scientific goals of the research. Plans for the recruitment and retention of subjects will also be evaluated.

The review group will critically examine the submitted budget and will recommend an appropriate budget and period of support for each scored application.

3. Secondary Review

In the secondary (programmatic importance) review, the following factors will be considered:

a. Results of the initial review;
b. Magnitude of the problem in terms of numbers of workers affected;
c. Severity of the disease or injury in the worker population; and
d. Usefulness to applied technical knowledge in the identification, evaluation, and/or control of occupational safety and health hazards.

4. Funding Decisions

Applicants will compete for available funds with all other approved applications. The following will be considered in making funding decisions:

a. Quality of the proposed project as determined by peer review;
b. Availability of funds; and
c. Program balance among research areas of the announcement.

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health System Reporting Requirement

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.262.

Other Requirements

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Application Submission and Deadlines

1. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Branch, CDC (see ''Applications'' for the address). It should be postmarked no later than June 19, 1995. The letter should identify the announcement number, name of principal investigator, and specify the priority area to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently, and will ensure that each applicant receives timely and relevant information prior to application submission.

2. Applications

Applicants should use Form PHS–398 (OMB Number 0925–0001) and adhere to the ERRATA Instruction Sheet for Form PHS–398 contained in the application package. The original and five copies of the application must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E13, Atlanta, GA 30305 on or before July 14, 1995.

3. Deadlines

A. Applications shall be considered as meeting a deadline if they are either:

1. Received at the above address on or before the deadline date; or
2. Sent on or before the deadline date to the above address, and received in time for the review process. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be accepted as proof of timely mailing.)

B. Applications which do not meet the criteria in 3.A.1. or 3.A.2. above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where to Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address and phone number and will need to refer to Announcement 565. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Georgia L. Jang, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Mailstop E13, Atlanta, GA 30305, telephone (404) 842–6814. Programmatic technical assistance may be obtained from Roy M. Fleming, Sc.D., Associate Director for Grants, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Building 1, Room 3053, Mailstop D30, Atlanta, GA 30333, telephone (404) 639–3343.

Please refer to Announcement 565 when requesting information and submitting an application.

Potential applicants may obtain a copy of ''Healthy People 2000'' (Full Report: Stock No. 017–001–00474–0) or ''Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) referenced in the ''Introduction'' through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Dated: May 12, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–12201 Filed 5–17–95; 8:45 am]

BILLING CODE 4163–19–P

Food and Drug Administration

[Docket No. 95N–0123]

Drug Export; Revia™ (Naltrexone Hydrochloride (HCl)) 50 Milligrams (mg) Film-Coated Tablets

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Dupont Merck has filed an application requesting approval for the export of the human drug Revia™ (naltrexone HCl) 50 mg film-coated tablets to Germany.

ADDRESSES: Relevant information on this application may be directed to the Dockets Management Branch (HFA–305), Food and Drug Administration, rm. 1–23, 12420 Parklawn Dr., Rockville, MD 20857, and to the contact person identified below. Any future inquiries concerning the export of human drugs under the Drug Export Amendments Act of 1986 should also be directed to the contact person.

FOR FURTHER INFORMATION CONTACT: James E. Hamilton, Center for Drug Evaluation and Research (HFD–310), Food and Drug Administration, 7520 Standish Pl., Rockville, MD 20857, 301–594–3150.

SUPPLEMENTARY INFORMATION: The drug export provisions in section 802 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 382) provide that FDA may approve applications for the export of drugs that are not currently approved in the United States. Section 802(b)(3)(B) of the act sets forth the requirements that must be met in an application for approval. Section 802(b)(3)(C) of the act requires that the agency review the application within 30 days of its filing to determine whether the requirements of section 802(b)(3)(B) have been satisfied. Section 802(b)(3)(A) of the act requires that the agency publish a notice in the **Federal Register** within 10 days of the filing of an application for export to facilitate public participation in its review of the application. To meet this requirement, the agency is providing notice that Dupont Merck, Dupont Merck Plaza, Maple Run, Centre Rd., Wilmington, DE 19805, has filed an application requesting approval for the export of the human drug Revia™ (naltrexone HCl) 50 mg film-coated tablets to Germany. The firm holds an approved new drug application for an uncoated tablet, however, this application is for a new film-coated tablet formulation. This product is used as an adjunctive treatment of opioid dependence in detoxified, formerly opioid dependent individuals, and in a proposed indication as an adjunctive treatment for individuals with alcohol dependence undergoing psychosocial treatment programs. The application was received and filed in the Center for Drug Evaluation and Research on April 17, 1995, which shall be considered the filing date for purposes of the act.

Interested persons may submit relevant information on the application to the Dockets Management Branch (address above) in two copies (except that individuals may submit single copies) and identified with the docket number found in brackets in the heading of this document. These submissions may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

The agency encourages any person who submits relevant information on the application to do so by May 30, 1995, and to provide an additional copy of the submission directly to the contact person identified above, to facilitate consideration of the information during the 30-day review period.

This notice is issued under the Federal Food, Drug, and Cosmetic Act (sec. 802 (21 U.S.C. 382)) and under authority delegated to the Commissioner of Food and Drugs (21 CFR 5.10) and redelegated to the Center for Drug Evaluation and Research (21 CFR 5.44).

Dated: May 4, 1995.

Gayle R. Dolecek,

Acting Director, Office of Compliance, Center for Drug Evaluation and Research.

[FR Doc. 95–12177 Filed 5–17–95; 8:45 am]

BILLING CODE 4160–01–F

National Institutes of Health

National Institute of Dental Research; Notice of Meeting of NIDR Board of Scientific Counselors

Pursuant to Pub. L. 92–463, notice is hereby given of a meeting of the Board of Scientific Counselors, National Institute of Dental Research (NIDR), on June 7–9, 1995, in the Natcher Building, Conference Room A, National Institutes of Health, Bethesda, Maryland. The meeting will be open to the public from 8:55 a.m. to recess on June 8 and from